

<p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		<p>Complete if Known</p>			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/566,384-Conf. #5532		
		Filing Date	January 30, 2006		
		First Named Inventor	Brian FROSTRUP		
		Examiner Name	V. Rodriguez-Garcia		
		Art Unit	1626		
TOTAL AMOUNT OF PAYMENT		(\$)	130.00	Attorney Docket No.	2815-0347PUS1

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 02-2448
 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims 11 - 20 or HP = <u>11</u> x <u>390</u> = <u>4290</u>	Extra Claims 0 - 20 or HP = <u>0</u> x <u>390</u> = <u>0</u>	Fee (\$) <u>4290</u>	Fee Paid (\$) <u>4290</u>	Multiple Dependent Claims 0 - 3 or HP = <u>0</u> x <u>195</u> = <u>0</u>
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 1 - 3 or HP = <u>1</u> x <u>110</u> = <u>110</u>	Extra Claims 0 - 3 or HP = <u>0</u> x <u>110</u> = <u>0</u>	Fee (\$) <u>110</u>	Fee Paid (\$) <u>110</u>	Multiple Dependent Claims 0 - 3 or HP = <u>0</u> x <u>195</u> = <u>0</u>
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HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

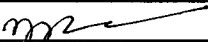
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
115	15	3	810	810

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1251 Extension for response within first month	130.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	40,069	Telephone	(703) 205-8000	
Name (Print/Type)	MaryAnne Armstrong	Date	MAR 31 2009			